

**ARKANSAS STATE BOARD OF COSMETOLOGY
101 EAST CAPITOL, SUITE 108
LITTLE ROCK, ARKANSAS 72201 – (501) 682-2168**

**RECIPROCITY REQUIREMENTS
For APPLICANTS LICENSED IN A FOREIGN COUNTRY**

Any person licensed in a foreign country is required to pass a written and practical examination administered by the Arkansas Board of Cosmetology to qualify for a Cosmetology license in this State. All documents submitted for the purpose of complying with the requirements for examination shall be original copies and translated in the English language.

EXAMINATION REQUIREMENTS:

1. Complete an Arkansas application form (enclosed).
2. Proof of Training and Licensure. Submit the following requirements:
 - a) An affidavit certifying that you have completed the minimum number of clock-hours in one of the prescribed courses of study listed below. The affidavit must be completed and signed by an Official of the licensing entity that has jurisdiction over the practice of Cosmetology in said foreign country. Either the licensing entity seal or notary public seal must be affixed to said document.

1) 1500 hours for cosmetologist	3) 600 hours for electrologist
2) 600 hours for manicurist	4) 600 hours for aesthetician
 - b) A breakdown of the curriculum requirements for said course.
 - c) A license issued by the foreign country and a diploma issued from the training institute where applicant completed the course of study.
3. A legible copy of applicant's Social Security Card.
4. High school credit of not less than two years (10th grade) or its equivalent for cosmetologists, aestheticians or manicurists and four years (12th grade) or its equivalent for electrologist.
5. Birth Certificate
6. Photostatic copy of photo ID (must be legible)
7. Examination fee of \$30.00.

EXAMINATION INFORMATION

Examinations are held every Monday and Tuesday with the exception of every third week, holidays and board meeting dates. All exams are given next door to the Board's office in Suite 106.

All requirements for the examination must be submitted at the same time. If you fail to submit all of the requirements, your papers will be returned. You should hold your papers until you can submit all requirements to our office. Upon receipt of your application and required documents, you will be notified in three weeks as to when you will take your examination.

NO PERSON MAY PRACTICE OR TEACH ANY PHASE OF COSMETOLOGY IN THIS STATE UNTIL LICENSED BY THE ARKANSAS STATE BOARD OF COSMETOLOGY.

Arkansas State Board of Cosmetology
101 East Capitol, Suite 108
Little Rock, AR 72201
(501) 682-2168

APPLICATION FOR PRACTITIONER EXAMINATION

Please PRINT using blue or black ink. You must answer all questions.

Type of examination you are applying for:					
<input type="checkbox"/> Cosmetology		<input type="checkbox"/> Manicure		<input type="checkbox"/> Aesthetician	
<input type="checkbox"/> Instructor		<input type="checkbox"/> Electrology			
First Name		Middle Name		Last Name	
Social Security Number					
Address		City		State	
Zip Code		Phone Number			
Date of Birth	Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am. Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native			
Beauty School Attended		Date training began		Date completed training	
Total hours completed					
Have you ever been licensed in any phase of Cosmetology? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, Is the license current? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type of license? _____					
If yes, in what State(s) were you licensed? _____					
Are you a first time applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO		Written Examination Request:			
If you answered NO, are you		Will you be using an interpreter for the examination? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> applying to take ONLY the practical		If Yes, list name of interpreter _____			
<input type="checkbox"/> applying to take ONLY the written		If you have a disability and require accommodations in taking this examination, you must complete a "Request for Accommodation" form and submit with this application.			
<input type="checkbox"/> applying to take the written and practical					

This application must be completed in proper form and submitted with the \$30.00 examination fee. Examinations are held every Monday and Tuesday with the exception of the third week, holidays and Board Meeting Dates. Upon receipt of this application, you will be notified in three weeks as to the date of your examination.

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Board to take disciplinary action.

Applicant's Signature	Today's Date
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DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Application Date _____ Exam Date _____ Receipt # _____		
Written Score _____		Practical Score _____
Student ID # _____	Practitioner ID # _____	License # _____